| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.126 (a) FY 2008 | | | | | Docket Number (Optional): | |
|---|--|------|------------------------------|--------|---------------------------|---|
| | | | | | 25314 | |
| Application Number: 10/815154 | | | | | Filed: 03/31/2004 | |
| For: Prepress Workflow Process Employing Frequency Modulation (Fm) Screening Techniques | | | | | | |
| | | | | | Examiner: Douglas Q Tran | |
| This is a request to extend the period for filing a reply in the above identified application. | | | | | | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | | | | |
| Fee Small Entity Fee | | | | | | |
| | | One | month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$ |
| | \boxtimes | Two | months (37 CFR 1.17(a)(2) | \$460 | \$230 | \$ 460 |
| | | Thre | e months (37 CFR 1.17(a)(3)) | \$1050 | \$525 | \$ |
| | | Fou | months (37 CFR 1.17(a)(4)) | \$1640 | \$820 | \$ |
| | | Five | months (37 CFR 1.17(a)(5)) | \$2230 | \$1115 | \$ |
| | Applicant claims small entity status. See 37 CFR 1.27. | | | | | |
| | A check in the amount of the fee is enclosed. | | | | | |
| | Payment by credit card. Form PTO-2038 is attached. | | | | | |
| | The Director has already been authorized to charge fees in this application to a Deposit Account. | | | | | |
| | The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number23-1480 | | | | | |
| | WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | | | |
| 1 an | n the | | applicant/inventor. | | | |
| | assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). | | | | | |
| | attorney or agent of record. Registration Number 19,670 | | | | | |
| | attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.39 | | | | | |
| | 1 | | | | | 05/20/2008 |
| | Signature / | | | | | Date |
| | John M Crawford Typed or printed name | | | | | <u>253-924-5611</u> Telephone number |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | | | | |
| Total offorms are submitted. | | | | | | |
| | | | | | | |